2160 ² 9881:	19707 3			te of Nel	_{braska} gator's	Мо	tor	Vel	nicl	e A	ccid	ler	nt Re	port	,	Shee	et1	of _	2
1	Total Nu		I DISTRICT 400 Case DC 0/255/									HIT & RUN			INVESTIGATION MADE AT SCENE?				
A/1	of Vehi		M / D D / Y Y Y Y Y					YES XX N (In Military Time,					STATE US	YES E ONLY		NO	1		
02	OF ACCIDENT		5/2016 S M T W					V TH	TH F S TIME OF 2105										
A/2	PLACE	COUNTY							POLICE NOTIFIED			2110							
В	OF ACCIDENT CITY			Lincoln						PRIVATE			YES NO	05/16/2016					
50	ROAD O		OTDEST/										LATITUDE						
C	ACCIDENT	OCCURRED HIGHWAY NO. FIGURELIX - 03/10						ONE-WAY STREET? YES NO STREET?				LONGITUDE				-			
4	MILEPO	POST					EPOST		IF NOT AT INTERSECTION				_						
2		NAN	IF AT INTERSECTION ME OF INTERSECTING ROADWAY X F					X FE	ET C	MILES	N S	E		EAREST STREE	T, BRIDGE	T, BRIDGE, RAILROAD CROSSING			
V1/M				3					.00	0 X PIONEER									
09	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DIST						DISTANC	E FROM NEAREST TOWN											
V2/M	WILLS			3 5	MILES			IN .	3 E		ry or tov								
E	R. WORK	R1	R2	R3 R4	S. PEDES		S1	S2	S3	S4 S5	-a S5-b	S6-a	a S6-b	DOES ACCID STATE DEPT.					
1	CODES			CLASSIFICATION CODES										○YE	s 🗶 NO				
F								VEI	HICLE	NO. 1				0=1==]
1	DRIVER		NO.	H12547	7598						DUONE	-		(Of License)	NE			> FEMALE > MALE	
V1/N			/ PAGEL PHONE 4023264581 LOCAL NO.																
1 V2/N	2330 AN		N ST, LINCOLN, NE 68507 CITY, STATE, ZIP DATE OF BIRTH (MM/DD/YYYYY) 10/10/1)/19	84		V1/1						
	OWNER		PHONE LOCAL NO.									35 V1/2							
G	OWNER ADDR	ESS	CITY, STATE, ZIP CITATION X YES CITAT							CITATION									
4		AMMON AVE, LINCOLN, NE 68507							PENDI YEAR		LB50	U555 STA	TE		V1/3				
н 2	LICENSE PLATE	PA	140.	RRA978	MAKE	l r	MODEL			BODY ST	YLE	(Pla	ate Expires)	2016	STIMATED I	(Of P	late)	NE	V1/4
V1/O	VEHICLE	:	2005		Pontiac		VIBE	<u> </u>			or Sed	an	gray		TOTALE	:D \$	2000		_
1	VEHICLE ID NO. (VIN) 5Y2SL66875Z442583 INSURANCE COMPANY STATE FARM																		
V2/O	TOWED TO											35 V1/6							
ı								VEI	HICLE	NO. 2						$\overline{}$			40
1	DRIVER LICENSE		NO.											STATE (Of License)			- x	FEMALE MALE	
V1/P 1	DRIVER								PHONE					LOCAL NO.				V2/1	
V2/P	DRIVER ADDRI	RIVER ADDRESS CITY, STATE, ZIP				ZIP			'			DATE OF BIRTH (MM / DD / YYY	v)						
	OWNER										PHONE			(IMINI / DD / TTT	LOCAL N	Э .			V2/2
J 04	OWNER ADDR	ESS				CITY,	STATE, Z	ZIP				0	CITATION	YES	CITATION	NO.			V2/3
01	LICENSE												PENDI YEAR	NG ONO		STA	TE		
V1/Q 3	PLATE	YEAR	NO.		MAKE	l r	MODEL			BODY ST	YLE	(Pla	ate Expires)	l F	STIMATED I	(Of P	late)		V2/4
V2/Q	VEHICLE														TOTALE				V2/5
K	VEHICLE ID NO. (VIN)							INSURAN				INSURANC	ANCE COMPANY					1/0/0	
01	TOWED TO		TOWED BY					POLICY NO.).					V2/6		
		Comp	lete	this se	ction for	r all inj	ured	pers	sons					OF BIRTH	1 Seat	2	3 Body	4 5	SEX
VEH. #	NAME	(Con	iplete i	a continuation	on report, if m	DRESS	hree we	ere ınjur	red)				(MM /	DD / YYYY)	Position	Eject	Body Region	Injury Sev. Tra	ns. MF
LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.							
VEH. #	VEH. # NAME ADDRESS					_			_										
	LOCAL NO.		MEDIO	CAL FACILITY N	NAME				EMS SE	RVICE NA	ME				EMS RU	N REPO	ORT NO.		
VEH. #	NAME				AD	DRESS										$\overline{}$			
	LOCAL NO.		MEDIC	CAL FACILITY N	NAME				EMS SE	RVICE NA	ME				EMS RU	IN RED	ORT NO		
				MEDICAL FACILITY NAME						EMS SERVICE NAME					15				

Т	HE FOLLOWING INFO	RMATION IS REQUIRED FO	DR ALL ACCIDENT	·s			
	HE FOLLOWING INFO	CY CASE NO. -042554					
				-042334			
Indicate North by Arrow							
	NPPX 39' W OF W CU PX 25' S OF N CURB						
	NO SKIDS						
		PIONEER					
		FIONLER					
			35		•		
	80'	V-	1				
	TO 69TH		TO 70TH				
DRIVER OF VEH 4 SAID HE WA		ACCIDENT BASED ON OFFICER'S IN			UT ONITO	TUC	
SIGN POST OWNER CITY	Y OF LINCOLN 949 W	521 PHONE 4024417711	1	APPROX. CO: \$ 50	ST OF DAMAGE		
SIGN POST CITY OBJECT DAMAGED OWNER	NAME	APPROX. COST OF DAMAGE					
		ADDRESS		PHON	NE		
NAME NAME		ADDRESS		PHON	NE		
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMPACT AND		RESTRAINT USE VEHICLE 1	TOTAL	VEH 1	1 VEH	
VEH NO. N S E W ROAD OR HIGHWAY NAME	MOST DAMAGED ARE. (Enter numbers for each ve.	· I — — — — — — — — — — — — — — — — — —	VERICLE I	ALCOHOL	Driver	Driver Pedes-	
1 X PIONEER	VEHICLE 1 VEHIC	CLE 2 4	2	ALCOHOL LEVEL		No. 2 trian Y Y	
2	OINT OF MPACT MOST MOST MOST	1 Deployed - front 2 Deployed - side	None used - vehicle occupan Lap & shoulder belt used Shoulder belt only used	t TESTED	N X	N N	
1 01 06 Turning left 07 Making U-turn	AMAGED AREA DAMAGED AREA	3 Deployed - both front/side 4 Not deployed	4 Lap belt only used 5 Child safety seat used 6 Child booster seat used	ALCOH		Driver Driver No. 1 No. 2	
la. =	0 None	5 Not applicable/ No airbag available 6 Unknown	7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	DRU(SUSPE	GS	1	
straight ahead traffic lane 02 Backing 10 Parked	0 Undercarriage 01 -	05 VEHICLE 2	VEHICLE 2	2 Yes - alc	ohol suspect		
03 Changing lanes 11 Slowing of	2 Other 08 07	06 -	-		gs suspected ohol & drugs suspected		
05 Turning right 13 Unknown OFFICER NO. TR	OOP/	DEPARTMENT]	notograph	s YES	
830 TE BE INVESTIGATOR NAME (Print or Type)	AM/ AT 4	Lincoln Police Departmen	taken? 🗴 NO				
Greg Cody		roved by Officer Greg Cody	DATE OF 05/16/2016				